

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re Application of: Paboojian et al.                     | Group Art Unit: 3734                              |
| Application No: 09/731,318<br>Confirmation No: 1028        | Examiner: Mendoza, Michael G                      |
| Filed: December 6, 2000                                    | Attorney Docket No:<br>53246-US-CNT[2] (NV.50.01) |
| Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS | December 22, 2011<br>San Francisco, CA 94107      |

|   |   |               |          |
|---|---|---------------|----------|
| Commissioner for Patents<br>PO Box 1450<br>Alexandria, VA 22313-1450  | <b>Extension of Time</b><br><input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136   |               |          |
| <b>Via EFS</b>  | Extension (Months)  | Extension Fee |          |
| <input checked="" type="checkbox"/> Response to Non-Final Office Action<br><input type="checkbox"/> Response to Restriction/Election Requirement<br><input type="checkbox"/> Notice of Appeal (form PTO/SB31)<br><input type="checkbox"/> Drawings (Formal)<br><input type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> PTO-SB08 Form<br><input type="checkbox"/> Citations<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Preliminary Amendment | <input checked="" type="checkbox"/> One Month   | \$150.00      | \$75.00  |
|   | <input type="checkbox"/> Two Months   | \$560.00      | \$280.00 |
|   | <input type="checkbox"/> Three Months   | \$1,270.00    | \$635.00 |
|   | <b>Total \$ 150.00</b>  |               |          |
|   | <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. |               |          |

| Fees for Extra Claims            |                                  |                                    |              |              |              |                |
|----------------------------------|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
|                                  | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate         |              | Additional Fee |
|                                  |                                  |                                    |              | Large Entity | Small Entity |                |
| Total Claims                     | 18                               | 34                                 | 0            | \$60.00      | \$30.00      | \$0.00         |
| Independent Claims               | 3                                | 3                                  | 0            | \$250.00     | \$125.00     | \$0.00         |
| Multiple Dependent Claims        |                                  |                                    | 0            | \$450.00     | \$225.00     | \$0.00         |
| Information Disclosure Statement |                                  |                                    |              |              |              |                |
| <b>Total</b>                     |                                  |                                    |              |              |              | <b>\$0.00</b>  |

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| <b>Fee Payment</b>  |                 | <b>Fee Deficiency</b>  |  |
| Extension of Time   | \$150.00        | <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .   |  |
| Fee for Extra Claim(s)  | \$0.00          | and/or   |  |
| <b>Total</b>  | <b>\$150.00</b> | <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .   |  |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00.<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$150.00.  |                 | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555<br>Please continue to send correspondence to:<br><b>NOVARTIS</b><br>Corporate Intellectual Property<br>One Health Plaza 101/2<br>East Hanover, NJ 07936-1080 |  |
| <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below: |                 | Respectfully Submitted,  |  |
| By: <u>/Amy M. Wells/</u> Date: <u>December 22, 2011</u><br>Amy Wells   |                 | By: <u>/Guy V. Tucker/</u> Date: <u>December 22, 2011</u><br>Guy V. Tucker<br>Registration No. 45,302  |  |